



Red Apple Learning Pvt. Ltd.
DN51, 9th Floor, Sector V, RED APPLE
Salt Lake, Kolkata, 700091 LEARNING

info@redapplelearning.in | www.redapplelearning.in | +91 8017779602

Red Apple Competitive Examination (R.A.C.E) – Admission Form (Session: 2021:03:01)

Introduction & Instruction for filling the examination form.

Dear **Applicant**,

R.A.C.E (Red Apple Competitive Examination) is the name of the screening process for candidates who wish to pursue their education in Gaming Industry through various specialization programs at Red Apple Learning Pvt. Ltd. These are a series of creative, technical & psychometric tests, aimed only to judge the prowess and inclination of the participant. The aim for this examination is to find the perfect match of candidate and courses, so as to fully realize the potential of the candidate in this Industry.

Please print the following **application form**, complete all fields and submit it to the Examination department at the above address along with the INR 150/- Examination Fee (non-refundable) and the below mentioned documents (self-attested), on or before the prescribed date mentioned in the website.

List of documents to be submitted with the form:

- Educational Certificate copies
- Age Proof: 10th std. Marksheet/Admit card
- Copy of Aadhar/Voter ID Card
- Copy of PAN Card (If available)
- 4 Passport sized Photographs
- A/C Payee Cheque / Demand Draft (DD) / worth INR 150/- (Rupees One hundred and fifty only) in the name of Red Apple Learning Pvt. Ltd.

For course details, please visit our website at www.redapplelearning.in. If you need any assistance or seek further information, please contact our team at: education@redapplelearning.in or place a call at: +91 80177 79602

We look forward to hearing from you.

Kind Regards

Admissions



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Photograph:

SECTION A: Personal Details

If you have studied at Red Apple Learning before, please provide your student number: (on your student ID Card)

If you have previously been given a Unique Roll Number (URN) please provide:

Title: Mr Mrs Miss Ms Other Gender: Male Female

Surname/Family Name:

First Name/Given Name(s):

If you have changed your name in the last five years please specify:

Date of Birth: / / Age on 31 January 2021

Unique ID No: Office use

Home Address: Home Telephone No:

Pincode: Mobile Telephone No:

State/UT: Email:

The Academy uses text and email to contact students.
Please tick if you do **not** want to be contacted by e-mail by text by phone

Who should we contact in case of an emergency?
Name: Relationship: Tel No:

If you are under 18 please also complete the following section.
Name of Parent or Guardian:

Address: (If different from above)

Postcode:

Tel No:

SECTION b: Course Applying for:

Please enter the academic year and the title and level of the course below.

Course Name							Academic Year	
Centre	DN 51, 9 th Floor, Sector V Salt Lake, Kolkata 700091							
Attendance	Physical	Online	Crash Course			If CC Start Date		
Day(s)	Mon	Tues	Wed	Thurs	Fri	Sat	Start Term April - October	

Course Name							Academic Year	
Centre	DN 51, 9 th Floor, Sector V Salt Lake, Kolkata 700091							
Attendance	Physical	Online	Crash Course			If PSC Start Date		
Day(s)	Mon	Tues	Wed	Thurs	Fri	Sat	Start Term April - October	

Office use only	1st Proof	Course Codes	Approved by	2nd Proof

Equal Opportunities

Red Apple Learning values applications from all persons irrespective of disability, learning difficulty or ethnicity and we want all who may gain benefit from attending courses at the Academy to be able to do so. This declaration will not disadvantage any potential student in securing a place on a course at the Academy. Any information given will be treated confidentially and will only be used to offer you the support you need.

SECTION C: Disability if any (Please tick as appropriate)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> 98. No disability | <input type="checkbox"/> 2. Hearing impairment | <input type="checkbox"/> 3. Disability affecting mobility | <input type="checkbox"/> 4. Other physical disability |
| <input type="checkbox"/> 5. Other medical condition (for example epilepsy, asthma, diabetes) | <input type="checkbox"/> 6. Emotional/behavioral difficulties | <input type="checkbox"/> 7. Mental health difficulty | |
| <input type="checkbox"/> 8. Temporary disability after illness or accident | <input type="checkbox"/> 9. Profound / complex disabilities | <input type="checkbox"/> 97. Other (Please State) | |
| <input type="checkbox"/> 10. Asperger's syndrome | <input type="checkbox"/> 90. Multiple disabilities | <input type="checkbox"/> 1. Visual impairment | |

SECTION D: Learning disability. If any Learning support needed.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> 98. No learning difficulty | <input type="checkbox"/> 2. Severe learning difficulty | <input type="checkbox"/> 10. Dyslexia | <input type="checkbox"/> 11. Dyscalculia |
| <input type="checkbox"/> 19. Other specific learning difficulty | <input type="checkbox"/> 20. Autism spectrum disorder | <input type="checkbox"/> 90. Multiple learning difficulties | <input type="checkbox"/> 1. Moderate learning difficulty |
| <input type="checkbox"/> 97. Other (Please State) | <input type="text"/> | | |

Does your disability/learning difficulty require support? Yes, No Did you get extra help at school? Yes, No

If Yes, what type of help did you receive (e.g., equipment, tutor support, in-class support etc.)

Did you receive any help for your exams? Yes, No If Yes, please state the concessions that were made

Do you have a Statement of Educational Needs, a Transition Report or a School Action(Plus) statement? Yes, No

If Yes, please attach a copy of the report.

SECTION E: Additional Information

Are you in or have you been looked after by Local Authority care? Yes, No If Yes, please state which local authority

Schooling was interrupted between the ages of 5 – 16 Yes No

Living in a hostel or other residential Centre Have you been convicted for any crime before?

Are you receiving or have you recently received support from other professional services? Yes, No

If Yes, please provide the name of the service, the professional's name and contact number and the reason for the support:

<input type="text"/>
<input type="text"/>

Would you like to be invited for a confidential interview regarding issues which may impact on your learning? Yes No

SECTION F: Education

1. If you attended College/Academy/school in last 5 years, please enter name

Address Postcode:

3. What college did you last attend?

Address Postcode:

SECTION G: Previous Education & Qualification

Please list your complete educational qualification details below (Newest first):

S.No	Name of Coll/Univ/School/Academy	Start Year	End Year	Degree/Certification	Percentage

SECTION H: Reference

The College requires personal references for courses requiring an interview (see college prospectus or the website). If the course for which you are applying is one of these, a Personal Reference form will have been included with the application form. Please forward the reference form to your referee as explained on the form. Enter the name of your referee and the date you sent the form to them below.

Name: Relationship:

Date: / /

SECTION I: Nationality

1. Are you a native Indian Resident? Yes No

2. What is your nationality? (If not Indian)

If YES, Ignore Section N. If NO, please fill section N

SECTION J: RESIDENCY

Please state the country you have been living in for the past 3 years:

Date of entry into India: / /

Are you:

- An asylum seeker legally in the India for 6 months or more pending consideration of a claim by the Home Office
- An asylum seeker refused asylum, but eligible for support, under Section 4 of the Immigration and Asylum Act
- A refugee, or a spouse/child of a refugee
- an international student
- Married to or in a recognized civil partnership with a person (with settled status) for a year or more

Do you have:

- A home office or Legal letter or an Application Letter for citizenship
- Fixed leave to remain
- Indefinite leave to remain
- Student Visa expiring on / /

Date / /

We will need to see appropriate official residency documentation and evidence of your marriage or civil partnership. Evidence needs to clearly state your residency status, the length of stay you have been granted and any limitations (if any). Please note that all letters must be original and no more

Office use only:

Form checked by: Date / /

Documents Checked by: Date / /